



KENTUCKY BOARD OF ALCOHOL AND DRUG COUNSELORS

Mailing: P.O. Box 1360, Frankfort, KY 40602
Delivery: 500 Mero St. 2 SC 32, Frankfort, KY 40601
502-782-8814
<http://adc.ky.gov>

APPLICATION FOR GRANDPARENTING AS A CERTIFIED CLINICAL SUPERVISOR

1. Submit payment with application (check or money order ONLY) payable to Kentucky State Treasurer, of \$50 for the application fee for a certified clinical supervisor
2. Note: A fee of \$200 will be due after the Board's approval of this application, for the certification fee for a certified clinical supervisor

SECTION 1 – APPLICANT INFORMATION

Each section of the application must be completed.

Name

Address

City/State/Zip Code

Home Phone

Home Email

Social Security Number

Date you were approved by the Board to provide supervision: _____

Employer's Address

City/State/Zip Code

Business Phone

Business Email

Certificate Number _____

1. Have you had a credential in Kentucky or any other state that has ever been suspended or revoked?
☐ Yes ☐ NO If yes, give details: _____
2. Have you been convicted of a felony or plead guilty, including an Alford plea (other than minor traffic violations) under the laws of the United States in the last 5 years ☐ YES ☐ NO. If yes, what offense?
_____ (send supporting documentation).

3. Are you credentialed as an Alcohol or Drug Counselor in any other state? ☐ YES ☐ NO
If yes, what state? _____ Type of Credential? _____
4. Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position, from any professional training program, or from the program of any university? ☐ YES ☐ NO
(If yes, send supporting documentation.)
5. Have you ever been sanctioned by the Kentucky Board of Alcohol and Drug Counselors or by any other credentialing board or professional associations for ethical misconduct? ☐ YES ☐ NO (If yes, send supporting documentation.)
6. Are you currently serving in the military? ☐ YES ☐ NO

AFFIDAVIT

I do hereby certify under penalty of law, that the information contained herein is true, correct and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose such misrepresentation or falsification, my application could be rejected or my certification revoked by the Board. Furthermore, I agree to abide by the standards of practice and code of ethics approved by the Board.

Applicant's Signature (Do not type or print)

Date

SECTION 2 – APPLICANT EDUCATION

School	Name and Location	Dates Attended	Date of Graduation	Number of Hours	Degree Obtained
High School/Equivalent					
Baccalaureate*					
Master's*					
Doctoral*					

☐ An official transcript conferring highest degree was previously submitted to the Board.